

Quarterly Totals

Demographic Reporting Form

Positive Alternatives

Date 10/15/15 Grantee: Wakota Life Care Ctr.

1. Client Age Range:

| | | | | | | | | |
|-------------|---|---|----|----|----|----|----|---|
| Under 15 | 0 | 6 | 16 | 47 | 47 | 36 | 21 | 0 |
| 15-17 | | | | | | | | |
| 18-19 | | | | | | | | |
| 20-24 | | | | | | | | |
| 25-29 | | | | | | | | |
| 30-34 | | | | | | | | |
| 35+ | | | | | | | | |
| Unknown age | | | | | | | | |

2. Client Pregnancy Status:

| | | | | | |
|--------------------------|----|---|----|----|---|
| 1st Trimester | 46 | 8 | 16 | 37 | 1 |
| 2nd Trimester | | | | | |
| 3rd Trimester | | | | | |
| Post-partum | | | | | |
| Pregnancy Status Unknown | | | | | |

3. Client Marital Status:

| | | | |
|------------------------|----|-----|---|
| Married | 42 | 130 | 1 |
| Not Married | | | |
| Marital Status Unknown | | | |

4. Client Race:

| | | | | | | | |
|------------------------|-----|----|----|---|---|----|---|
| Race: White | 106 | 21 | 19 | 8 | 4 | 15 | 0 |
| Race: African-American | | | | | | | |
| Race: African-American | | | | | | | |
| Race: Asian | | | | | | | |
| Race: Pacific Islander | | | | | | | |
| Race: Other/Multi | | | | | | | |
| Race: Unknown | | | | | | | |

5. Client Ethnicity:

| | | | |
|-------------------------|----|-----|---|
| Hispanic Ethnicity: Yes | 67 | 106 | 0 |
| Hispanic Ethnicity: No | | | |
| Ethnicity: Unknown | | | |